

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE
 A PUBLIC DOCUMENT**

Date Initial Filing Received
 Filing Office Use Only

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Glazer Steven Mitchell

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 State Senate
 Division, Board, Department, District, if applicable Your Position
 District 7 Senator
 ▶ If filing for multiple positions, list below or on an attachment (Do not use acronyms)
 Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2023, through December 31, 2023 **Leaving Office:** Date Left ____/____/_____
 (Check one circle)
 -or- The period covered is ____/____/_____, through The period covered is January 1, 2023, through the date of leaving office
 Assuming Office: Date assumed ____/____/_____
 -or- The period covered is ____/____/_____, through the date of leaving office
 Candidate: Date of Election _____ and office sought if different than Part 1 _____

4. Schedule Summary (required)

▶ Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended Public Document)
 51 Moraga Way, Suite 2 Orinda CA 94563
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (925) 413-7777 glazers@pacbell.net

I have used all reasonable diligence in preparing this statement I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete I acknowledge this is a public document

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 15, 2024
 (month, day, year)

Signature 
 (File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized

Do not attach brokerage or financial statements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Glazer

NAME OF BUSINESS ENTITY
Amazon

GENERAL DESCRIPTION OF THIS BUSINESS
On-line retailer

FAIR MARKET VALUE
 \$2 000 - \$10 000 \$10 001 - \$100 000
 \$100 001 - \$1 000 000 Over \$1 000 000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Cisco

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10 001 - \$100 000
 \$100 001 - \$1 000 000 Over \$1 000 000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Applied Materials

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2 000 - \$10 000 \$10 001 - \$100,000
 \$100 001 - \$1 000 000 Over \$1 000 000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Dell

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2 000 - \$10 000 \$10,001 - \$100 000
 \$100,001 - \$1 000 000 Over \$1 000 000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ATT

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10 001 - \$100 000
 \$100 001 - \$1 000 000 Over \$1 000 000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Hall Wines of Napa

GENERAL DESCRIPTION OF THIS BUSINESS
Winery

FAIR MARKET VALUE
 \$2 000 - \$10 000 \$10 001 - \$100,000
 \$100 001 - \$1 000 000 Over \$1 000 000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

Comments: _____

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

*Investments must be itemized
Do not attach brokerage or financial statements*

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Glazer

▶ NAME OF BUSINESS ENTITY
Invesco QQQ

GENERAL DESCRIPTION OF THIS BUSINESS
Large NASDAQ Companies

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Warner Brothers

GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Johnson and Johnson

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Goods

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Oracle

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE LIST DATE
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Glazer

▶ 1. BUSINESS ENTITY OR TRUST

Glazer and Associates

Name
21C Orinda Way, #111, Orinda, CA 94563

Address (Business Address Acceptable)

Check one
 Trust go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Public Affairs Consulting

FAIR MARKET VALUE	IF APPLICABLE LIST DATE
<input checked="" type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2 000 - \$10 000	____/____/23 ____/____/23
<input type="checkbox"/> \$10 001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1 000 000	
<input type="checkbox"/> Over \$1 000 000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE LIST DATE
<input type="checkbox"/> \$0 - \$1 999	
<input type="checkbox"/> \$2 000 - \$10 000	____/____/23 ____/____/23
<input type="checkbox"/> \$10 001 - \$100 000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100 001 - \$1 000 000	
<input type="checkbox"/> Over \$1 000 000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10 001 - \$100 000
 \$500 - \$1 000 OVER \$100 000
 \$1 001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10 001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1 001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box
 INVESTMENT REAL PROPERTY

Name of Business Entity if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE
<input type="checkbox"/> \$2 000 - \$10 000	
<input type="checkbox"/> \$10 001 - \$100 000	____/____/23 ____/____/23
<input type="checkbox"/> \$100,001 - \$1 000 000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1 000 000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box
 INVESTMENT REAL PROPERTY

Name of Business Entity if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE LIST DATE
<input type="checkbox"/> \$2 000 - \$10 000	
<input type="checkbox"/> \$10 001 - \$100,000	____/____/23 ____/____/23
<input type="checkbox"/> \$100 001 - \$1,000 000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1 000 000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Glazer

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME ATT	NAME OF SOURCE OF INCOME Hall Wines of Napa LP
ADDRESS (Business Address Acceptable) 175 E Houston St , San Antonio, TX	ADDRESS (Business Address Acceptable) 401 St. Helena Hwy, St. Helena, CA
BUSINESS ACTIVITY IF ANY OF SOURCE Telecommunications	BUSINESS ACTIVITY IF ANY OF SOURCE Wine grape grower and sales
YOUR BUSINESS POSITION Spouse is a retiree	YOUR BUSINESS POSITION Partner
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1 001 - \$10 000 <input type="checkbox"/> \$10 001 - \$100 000 <input checked="" type="checkbox"/> OVER \$100 000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1 000 <input checked="" type="checkbox"/> \$1,001 - \$10 000 <input type="checkbox"/> \$10 001 - \$100,000 <input type="checkbox"/> OVER \$100 000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2) <input type="checkbox"/> Partnership (Less than 10% ownership For 10% or greater use Schedule A-2) <input type="checkbox"/> Sale of _____ (Real property car boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income list each source of \$10 000 or more _____ (Describe) <input checked="" type="checkbox"/> Other Retirement benefits _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2) <input checked="" type="checkbox"/> Partnership (Less than 10% ownership For 10% or greater use Schedule A-2) <input type="checkbox"/> Sale of _____ (Real property, car boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10 000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY IF ANY OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1 000		
<input type="checkbox"/> \$1 001 - \$10 000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10 001 - \$100 000		
<input type="checkbox"/> OVER \$100 000	<input type="checkbox"/> Other _____	(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Glazer

▶ NAME OF SOURCE (*Not an Acronym*)
 CA Democratic Party

ADDRESS (*Business Address Acceptable*)
 1830 9th Street, Sac CA 95811

BUSINESS ACTIVITY IF ANY OF SOURCE
 Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 24 / 23	\$ 82 72	Food
2 / 7 / 23	\$ 101 42	Food
2 / 8 / 23	\$ 48 74	Food

▶ NAME OF SOURCE (*Not an Acronym*)
 Port of Kobe

ADDRESS (*Business Address Acceptable*)
 2-2 Hatobacho, Chuo-Ku, Kobe, 6500-0042, Japan

BUSINESS ACTIVITY IF ANY OF SOURCE
 Transport and Infrastructure

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 6 / 23	\$ 51 65	Bottle wine, pen
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (*Not an Acronym*)
 Hidehisa Otsuji, President, House of Councillors

ADDRESS (*Business Address Acceptable*)
 1-7-1 Nagatacho, Chiyoda-Ku, Tokyo, Japan

BUSINESS ACTIVITY IF ANY OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 3 / 23	\$ 80 73	Lunch
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (*Not an Acronym*)
 Osaka Prefectural Government

ADDRESS (*Business Address Acceptable*)
 2 Otemae, Osaka, 5400-0008, Japan

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 6 / 23	\$ 72.75	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (*Not an Acronym*)
 Ministry of Foreign Affairs

ADDRESS (*Business Address Acceptable*)
 2-2-1 Kasumigaseki, Chiyoda-Ku, 100-8919, Japan

BUSINESS ACTIVITY IF ANY OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 4 / 23	\$ 72 02	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (*Not an Acronym*)
 CA Jewish Caucus Foundation

ADDRESS (*Business Address Acceptable*)
 777 S Figueroa St., Suite 4050, LA, CA 90017

BUSINESS ACTIVITY IF ANY OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 15 / 23	\$ 184 90	Vest
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Glazer

▶ NAME OF SOURCE *(Not an Acronym)*
 CA Jewish Caucus Foundation

ADDRESS *(Business Address Acceptable)*
 777 S Figueroa St , Suite 4050, LA, CA 90017

BUSINESS ACTIVITY, IF ANY OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 31 23	51 27	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Bernardo Riojas Achutegui

ADDRESS *(Business Address Acceptable)*
 Av Paseo de la Reforma 905, CDMX, Mexico

BUSINESS ACTIVITY IF ANY OF SOURCE
 Real Estate and Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 20 23	119 30	Reception
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Governor of Oaxaca

ADDRESS *(Business Address Acceptable)*
 Oaxaca de Juarez, Mexico

BUSINESS ACTIVITY IF ANY OF SOURCE
 State Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 17 23	90 00	Lunch
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Fuerza Migrante

ADDRESS *(Business Address Acceptable)*
 Anceto Ortega Num 1314, Col, Del Vallet, CDMX, M

BUSINESS ACTIVITY IF ANY OF SOURCE
 Immigrant Rights Non-Profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 16 23	70 00	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY IF ANY OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

Name
Glazer

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
CA Issues Forum

ADDRESS (Business Address Acceptable)
1717 I Street

CITY AND STATE
Sacramento, CA 95811

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY IF ANY OF SOURCE

DATE(S) 12/11/23 - 12/13/23 AMT \$ 1,272
(if gift)

▶ MUST CHECK ONE Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination La Jolla, CA

▶ NAME OF SOURCE (Not an Acronym)
Fundación Nueva Generación Argentina

ADDRESS (Business Address Acceptable)
Bv. Orono 1231, Planta Alta

CITY AND STATE
Rosario S2000KDB, Argentina

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY IF ANY, OF SOURCE

DATE(S) 11/4/23 - 11/13/23 AMT \$ 3,797 00
(if gift)

▶ MUST CHECK ONE Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description accommodations, ground transport, meals, cultural activities

▶ If Gift Provide Travel Destination Argentina

▶ NAME OF SOURCE (Not an Acronym)
Congress of Oaxaca

ADDRESS (Business Address Acceptable)
Calle 14 Oriente #1 San Raymundo, 71248 Jalpan de

CITY AND STATE
Oaxaca de Juarez, MX

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY IF ANY OF SOURCE
State Legislature

DATE(S) 7/16/23 - 7/19/23 AMT \$ 443.00
(if gift)

▶ MUST CHECK ONE Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description ground transportation and two meals

▶ If Gift, Provide Travel Destination Oaxaca de Juarez, Mexico

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY IF ANY OF SOURCE

DATE(S) _____ - _____ AMT \$ _____
(if gift)

▶ MUST CHECK ONE Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift Provide Travel Destination _____

Comments: _____